DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

Provider Inspection Summary

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: REHABILITATION HOUSE INC (410111)

Address: 107 PROFESSIONAL PLAZA, NEENAH, WI 54956

License Status: REGULAR

Licensed/Certified/Registered 09/01/1981

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094971 End Date: 05/18/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007159 Served 06/08/2005

Deficiencies Cited Subject Area Verified Corrected

Compliance

Compliance

50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS

83.11(3)(a) RESPONSIBILITIES

83.43(3)(b)2 TESTING OF SMOKE DETECTORS

Survey ID: 0093392 End Date: 09/15/2004 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007026

Deficiencies Cited
83.43(3)(b)1Subject Area
TESTING BY SERVICE COMPANYVerified
05/11/2005Corrected
Yes

83.43(3)(b)2 TESTING OF SMOKE DETECTORS 05/11/2005 No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 06/07/2005 SOD #10007159 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a) FORFEITURE---83.43(3)(b)2

Date: 10/05/2004 SOD #10007026 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(3)(b)1